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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/639,385	<b>FILING DATE</b> 08/14/2000 <b>RULE</b> —	<b>CLASS</b> 380	<b>GROUP ART UNIT</b> 2131	<b>ATTORNEY DOCKET NO.</b> 5437-015CIP
<b>APPLICANTS</b> Jonathan P. Krueger, Pleasanton, CA ; <b>** CONTINUING DATA *****</b> <sup>AS</sup> THIS APPLICATION IS A CIP OF 08/946,036 10/07/1997 <b>** FOREIGN APPLICATIONS *****</b> <sup>AS</sup>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/20/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>2h</u> <u>4s</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 18
			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> Law Office of John Schipper 111 N Market St Suite 808 San Jose ,CA 95113				
<b>TITLE</b> Apparatus, methods, and computer program products for filtering information				
<b>FILING FEE RECEIVED</b> 768	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 9772

<b>SERIAL NUMBER</b> 09/639,385	<b>FILING OR 371(c) DATE</b> 08/14/2000 <b>RULE</b>	<b>CLASS</b> 380	<b>GROUP ART UNIT</b> 2135	<b>ATTORNEY DOCKET NO.</b> 5437-015CIP	
<b>APPLICANTS</b> Jonathan P. Krueger, Pleasanton, CA; <b>** CONTINUING DATA *****</b> This application is a CIP of 08/946,036 10/07/1997 ABN <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/20/2000</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 25920					
<b>TITLE</b> Apparatus, methods, and computer program products for filtering information					
<b>FILING FEE RECEIVED</b> 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		